Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: METAL DRIVING BELT

Attorney Docket Number:: 2002-1027

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 1

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: CORNELIS JOHANNES MARIA

Middle Name::

Family Name:: VAN DER MEER

City of Residence:: TILBURG

State or Province of

Residence::

Country of Residence:: NETHERLANDS

Street of Mailing Address:: DIEZE 99

City of Mailing Address:: TILBURG

State or Province of Mailing Address::

Country of Mailing Address:: NETHERLANDS

Postal or Zip Code of Mailing Address:: 5032 XG

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: LUCAS HENDRICUS ROBERTUS MARIA

Middle Name::

Family Name:: PRINSEN

City of Residence:: LOON OP ZAND

State or Province of

Residence::

Country of Residence:: NETHERLANDS

Street of Mailing Address:: BERGSTRAAT 9

City of Mailing Address:: LOON OP ZAND

State or Province of Mailing Address::

Country of Mailing Address:: NETHERLANDS

Postal or Zip Co	de of Mailing Ado	dress:: 5175 AC			
Applicant Author	ity Type::	Inventor			
Primary Citizens	hip Country::				
Status::		Full Capacity			
Given Name::		JOHANNES HENDRIKUS			
Middle Name::					
Family Name::		VAN LITH			
City of Residence::		BERLICUM			
State or Provinc	e of				
Residence::					
Country of Resid	ence::	NETHERLANDS			
Street of Mailing Address:: NIJESTEIJN 29					
City of Mailing	Address::	BERLICUM			
State or Province of Mailing Address::					
Country of Maili	ng Address::	NETHERLANDS			
Postal or Zip Code of Mailing Address:: 5258 PL					
Correspondence Information					
Correspondence Customer		000466			
Number::					
Representative I	nformation				
Representative Customer		000466			
Number::					
		L			
Domestic Priority Information					
Application::	Continuity	Parent	Parent Filing		
	Type::	Application::	Date::		
	-				

Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
NETHERLANDS	NL-1022022	11/28/02	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::